

Museum Use:  
Nametag \_\_\_\_\_  
Volunteer Manual \_\_\_\_\_



STUDENT VOLUNTEER APPLICATION

*Thank you for your interest in The Columbus Museum's Volunteer/Student program. Students must be at least 15 to apply. They must complete and return form prior to beginning service hours.*

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Age \_\_\_\_ Birth date \_\_\_\_\_ Year in School \_\_\_\_ School \_\_\_\_\_  
E-mail address \_\_\_\_\_ Cell Phone# \_\_\_\_\_  
In case of emergency notify: Name \_\_\_\_\_  
Work # \_\_\_\_\_ Home # \_\_\_\_\_ Relationship \_\_\_\_\_

What days/times are you available to work?  
\_\_\_\_\_

How many service hours do you need? \_\_\_\_\_

When are your service hours due for school? \_\_\_\_\_

Please indicate any days/dates that are not good for your schedule.  
\_\_\_\_\_

Please list any other organizations that you have volunteered for or prior work experience.  
\_\_\_\_\_  
\_\_\_\_\_

*The Columbus Museum relies heavily on the support of our volunteer staff. We know you will take your commitment seriously. We appreciate you considering The Columbus Museum!*

*As a Youth/Student Volunteer, it is important to be prompt for your shift and do your work with courtesy and consideration for patrons, other volunteers, and staff. Do you agree to accept your assignment, perform your work carefully, and abide by The Columbus Museum's rules and regulations?*

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Signature of Applicant

Date

Permission of parent/guardian for youth volunteers to serve at The Columbus Museum. I hereby certify that all information given on this application is true and correct to the best of my knowledge. I understand that this student will be required to work service hours at The Columbus Museum, and I will see that he/she is prompt and ready to work the schedule provided him/her by the volunteer coordinator.

I hereby give my permission for my son/daughter/ward to join the volunteer staff of The Columbus Museum.

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Signature of Parent/Guardian

Date

Please return this application to:

The Columbus Museum  
Attn: Brooke Starling  
1251 Wynnton Road, Columbus Georgia 31906  
(706) 748-2562 ext. 212  
Go Green: Send via e-mail – [bstarling@columbusmuseum.com](mailto:bstarling@columbusmuseum.com)